

CLAIMS ONLY

Application Number

Filing Date

Applicant(s)

* May be used for additional claims or amendments

CLAIMS	AS FILED		AFTER FIRST AMENDMENT		AFTER SECOND AMENDMENT	
	Indep	Depend	Indep	Depend	Indep	Depend
1						
2						
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42						
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45						
46						
47						
48						
49						
50						
Total Indep.						
Total Depend.						
Total Claims						

19

20